



SAFE GUARD TERMS AND CONDITIONS

AMERICAN HOME ASSURANCE COMPANY (DUBAI BR.),

Registered under UAE Federal Law No. 6 of 2007, Insurance Authority Registration No. 79,
Commercial License No. 613392, dated 6th July 2008
The H Hotel – Complex, Trade Centre First, 27th Floor, P.O. Box 40569, Dubai, UAE
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This document together with the **Certificate of Insurance** and any endorsements that accompany it set out the **Policy** between the **Insured** and the **Insurer** and should be read as one document.

Various provisions in the **Policy** restrict or exclude cover. The **Named Insured** must read the entire **Policy** carefully to determine the **Named Insured's** rights and duties, and what is and is not covered.

All words starting with a capital letter in this document have a specific meaning. Please refer to "Definitions" and "Specific Definitions" sections in this document.

1. DEFINITIONS

Accident means a sudden, unexpected and specific event caused solely and directly by violent, external and visible means which occurs at an identifiable time and place, resulting in Injury.

Accidental Death means a sudden unexpected and specific event, which is caused solely and directly by violent, external, and visible means, occurs at an identifiable time and place and results in death.

Beneficiary means the person or persons nominated by the Insured and as defined in the Certificate of Insurance; if no such designation is then effective, such indemnity shall be payable to Your legal heirs.

Certificate of Insurance means the document which gives details such as, but not limited to, Your name and surname, Policy Effective Date, Period of Coverage, Policy no., premium, premium payment option, benefit and cover limits, and Beneficiary name.

Child / Children means the Insured's son or daughter, biological offspring, or stepchildren aged above 3 months and under eighteen (18) years of age (or under twenty three (23) years of age if a full time student), unmarried, and primarily dependent on the Insured for support and is/are named in the Certificate of Insurance.

Common Carrier means any publicly licensed aircraft, sea vessel, train, or coach on which You are booked to travel. **Common Carrier will not mean cruise ships at sea or any conveyance that is hired or used for a sport, gamesmanship, contest and/or recreational activity, regardless if such conveyance is licensed, such as, but not limited to, race cars, bob sleds, hunting vehicles, sightseeing helicopters, fishing boats, parasailing/paragliding, boat cruises, or ship cruises.**

Company / We / Insurer means American Home Assurance Company (Dubai Br.), registered under UAE Federal Law No. 6 of 2007 Insurance Authority Registration No. 79, Commercial License No. 613392 dated 6th July 2008.

Country of Residence means the United Arab Emirates in which You legally reside as a citizen or with a valid residency visa.

Covered Medical Expenses means Reasonable and Customary Charges incurred by You for services and supplies which are recommended by an attending Physician. They include:

- (a) The services of a Physician;
- (b) Hospital confinement and use of operating room;
- (c) Anaesthetics (including administration), x-ray examinations or treatments and laboratory tests;
- (d) Ambulance service; and
- (e) Drugs, medicines, and therapeutic services and supplies.

Daily Benefit means the amount payable for each Day spent in the Hospital.

Day means a period of 24 consecutive hours.

Excess / Deductible means the number of hours, days, or the amount payable by You for each and every Loss before Policy benefits become payable.

Hospital means a place that:

- (a) holds a valid license (if required by law);
- (b) operates primarily for the care and treatment of sick or injured persons;
- (c) has a staff of one or more Physicians available at all times;
- (d) provides 24-hour nursing service and has at least one registered professional nurse on duty at all times;
- (e) has organized diagnostic and surgical facilities, either on premises or in facilities available to the hospital on a pre-arranged basis;
- (f) **is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the aged, or a facility operated as a drug and/or alcohol treatment center; and**
- (g) maintains X-ray equipment and operating room facilities.

Hospitalization / Hospitalized means the stay as an inpatient in a Hospital.

Injury means bodily injury caused solely and directly by violent, accidental, external and visible means, requiring treatment by a Physician and resulting, directly and independently of all other causes, in loss covered by this Policy.

Insured means the person as defined in the Certificate of Insurance who is aged between 18 years and 64 years and who pays for the premium under this Policy.

Insured Event means an event covered by the coverage provided under this Policy.

Loss means the act or instance of losing and / or the disappearance of something valued or cherished and / or a measurable reduction in some substance or process.

Medically Necessary means in the Company's opinion, the Physician's recommendation is:

- (a) Consistent with the symptoms, diagnosis and treatment of Your condition;
- (b) Appropriate with regards to standards of good medical practice;
- (c) Its primary purpose is not for the mere convenience of You.



Medical Treatment means a Physician's medical advice, treatment, consultations and prescribed or repeat maintenance medication.

Named Insured / You means the Insured and/or Spouse and/or Child as defined in the Certificate of Insurance. You must be a resident of the United Arab Emirates.

Permanent Total Disability means a disability in which You are forever prevented from working because of an Injury.

Physician / Consultant means a legally licensed practitioner acting within the scope of his license practicing medicine, and concerned with maintaining or restoring human health through the study, diagnosis, and treatment of disease and injury. **The attending Physician / Consultant may not be:**

- (a) You; nor
- (b) Your Relative.

Policy means this document, the Certificate of Insurance, any endorsements and/or attached papers that accompany it (if any) and the applications of the Insured.

Policy Effective Date means the date at which this Policy incepts as defined in the Certificate of Insurance.

Period of Coverage means the period for which this Policy is in force as defined in the Certificate of Insurance.

Permanent means expected to last throughout Your life with no prospect of improvement, irrespective of when Your insurance ends.

Pre-existing Condition means any medical condition (whether diagnosed or not) for which, before the Policy Effective Date, You:

- (a) received medication, advice, or treatment within 2 years prior to the Policy Effective Date; **or**
- (b) underwent surgery within 5 years prior to the Policy Effective Date.

Professional Sport means a competitive sport used as a source of livelihood.

Relative means a Spouse, parent, parent-in-law, grandparent, step-parent, Children, grandchild, brother, brother-in-law, sister, sister-in-law, daughter-in-law, son-in-law, half-brother, half-sister, aunt, uncle, niece or nephew.

Reasonable and Customary Charges means a charge which:

- (a) Is charged for treatment, supplies or medical services Medically Necessary to treat Your condition;
- (b) **Does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred; and**
- (c) **Does not include charges that would not have been made if no coverage existed.**

Spouse means the Insured's legally married husband or wife between the ages of 18 years and 64 years as defined in the Certificate of Insurance.

Sum Insured means the maximum amount payable under each benefit stated in the Table of Benefits.

Table of Benefits means the table that shows benefits and Sum Insured values offered under this Policy.

Terrorism means the use or threatened use of force or violence against person or property, or commission of an act dangerous to human life or property, or commission of an act that interferes with or disrupts an electronic or communication system, undertaken by any person or group, whether or not acting on behalf of or in any connection with any organization, government, power, authority or military force, when the effect is to intimidate, coerce or harm a government, the civilian population or any segment thereof, or to disrupt any segment of the economy. Robberies or other criminal acts primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator/s and victim/s shall not be considered as Terrorism. Terrorism shall also include any act which is verified or recognized as an act of terrorism by the (relevant) government of the country where the act occurs.

War means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

Waiting Period means the first 90 days of the Policy Effective Date, unless otherwise stated in the Certificate of Insurance.



2. BENEFITS

The coverage stated hereunder is valid only in respect of the amount of indemnity specifically indicated in the Policy.

2.1 PERSONAL ACCIDENT BENEFITS

2.1.1 ACCIDENTAL DEATH

If a covered Injury results in the death of a Named Insured **within one hundred eighty (180) days of the date of Accident**, the Company will **pay** the Sum Insured applicable to such Named Insured in accordance with the Table of Benefits, **less any other amount paid or payable under Benefits (2.1.3) and/or (2.1.4).**

2.1.2 ACCIDENTAL DEATH - DISAPPEARANCE

If Named Insured's body cannot be located within 365 Days after the forced landing, stranding, sinking, or wrecking of a Common Carrier in which Named Insured was a passenger or as a result of any Acts of God, in which case it shall be deemed, subject to all other terms and provisions of the Policy, that Named Insured shall have suffered Accidental Death within the meaning of the Policy, the Company will **pay** the benefit for Accidental Death occurring within the Period of Coverage.

2.1.3 PERMANENT PARTIAL DISABILITY DUE TO ACCIDENT

If a covered Injury results in any one of the specific Losses to a Named Insured as shown in the **2.1.3.1 PPD TABLE OF BENEFITS** and **within one hundred eighty (180) days of the date of Accident**, the Company will **pay** the scheduled percentage of the Sum Insured applicable to such Named Insured in accordance with the Table of Benefits.

2.1.3.1 PPD TABLE OF BENEFITS

Losses	RIGHT	LEFT
For total loss of an upper member	70%	60%
For total loss of the hand or forearm	60%	50%
For total loss of a lower member above knee	60%	60%
For total loss of a lower member at the level of the knee or below	50%	50%
For total loss of a foot	40%	40%
For total loss of the thumb	18%	16%
For total loss of the index finger	14%	12%
For total loss of the pinky	12%	10%
For total loss of the middle finger	8%	6%
For total loss of the ring finger	8%	6%
For total loss of the big toe	5%	
For total loss of any other toe	3%	
For total deafness of one ear	10%	
For total deafness, both ears	40%	
For total loss of visual acuity of one eye	25%	
For total loss of visual acuity of both eyes	100%	
For total loss of speech	100%	

In case of occurrence of more than one of the Losses specified in the **2.1.3.1 PPD TABLE OF BENEFITS** as a result of any one Accident, the total indemnity payable hereunder is established by adding the indemnity corresponding to each single loss **up to a maximum limit of 100% of the Sum Insured.**

For the terminal phalanx of the fingers, with the exception of the thumb, only total removal will be considered as Permanent Partial Disability due to Accident. The indemnity for total functional or anatomical loss of the phalanx of the thumb and for an anatomical loss of the phalanx of the big toe is fixed at 1/3rd with the percentage specified for total loss thereof.

For cases of total loss not specified in the **2.1.3.1 PPD TABLE OF BENEFITS**, the indemnity shall be fixed by taking into account the permanently reduced capacity of the Named Insured for any occupation. **In the event of anatomical loss or functional reduction of an organ or member already diminished, the above percentage shall be reduced taking into account the pre-existing disability.**

2.1.3.2 Specific Definitions

Permanent Partial Disability means a disability in which a Named Insured is forever prevented from working at full physical capability because of an Injury.

2.1.4 PERMANENT TOTAL DISABILITY DUE TO ACCIDENT

If, as a result of a covered Injury **and commencing within one hundred eighty (180) days of the date of Accident**, a Named Insured becomes Totally and Permanently Disabled and such disability has continued for a period of twelve (12) consecutive months, the Company will **pay** the Sum Insured applicable to such Named Insured in accordance with the Table of Benefits, **less any amount paid or payable under Benefit (2.1.3).** **The Named Insured must still be Totally and Permanently Disabled at the end of the twelve (12) consecutive months period.**



2.1.4.1 Specific Definitions

Totally and Permanently Disabled means the Named Insured is forever prevented from working because of Injury.

2.1.5 ACCIDENTAL MEDICAL EXPENSE

If a covered Injury results in the Medical Treatment of a Named Insured commencing within thirty (30) days of the date of Accident, the Company will reimburse the Named Insured for Covered Medical Expenses, **subject to any Deductible and up to the Sum Insured** applicable to such Named Insured in accordance with the Table of Benefits. **All Covered Medical Expenses must be incurred within fifty-two (52) weeks from the date the Named Insured's coverage terminates under the Policy and are not to exceed the amount payable to such Named Insured in accordance with the Table of Benefits as a result of any one Accident.**

2.1.6 REPATRIATION EXPENSES

The Company will reimburse the Beneficiary, **subject to any Excess, up to the Sum Insured** stated in the Certificate of Insurance for the cost of returning Named Insured's body to his/her country of origin, if he/she dies due to a covered Injury. Covered expenses include, but are not limited to, expenses for embalming, cremation, coffins, and transportation thereof.



2.2 HOSPITAL CASH BENEFIT

The Company will pay Named Insured the Daily Benefit, if Named Insured suffers bodily Injury which, within one month solely and independently of any other cause, results in Hospitalization. The Period of Confinement must be recommended by a Physician.

2.2.1 Specific Definitions

Intensive Care Unit (ICU) means a special ward in a Hospital, which is maintained on a 24-hour basis, operates to accommodate acutely ill patients, and is equipped to provide special medical services not available in a Hospital's surgical recovery room or in required wards where a patient is confined because he or she needs all intensive care services, not just certain services such as private nursing care.

Period of Confinement means a period of consecutive days of confinement as an inpatient caused by an Accident or Injury. However, successive confinements as an inpatient caused by or attributable to the same Accident or Injury are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least 45 days.

Only one Daily Benefit is provided for any one day of confinement, regardless of the number of Accidents or Injuries for which the confinement is required.

2.2.2 Specific Conditions

Company will pay the benefit only if Hospitalization lasts longer than the Excess period shown in the Table of Benefits.

2.2.3 Specific Exclusions

Hospitalization as a result of an Accident within the Waiting Period of this Policy.



3. SPECIFIC EXCLUSIONS

Except as explicitly provided elsewhere in this Policy, the Policy will not cover any loss, damage or legal liability arising directly or indirectly from:

1. Terrorism; War, whether declared or not; civil war, invasion, insurrection, revolution, use of military power or usurpation of government or military power;
2. use of radioactive substances or emissions which either directly or indirectly result in a nuclear reaction, radioactive radiation or contamination;
3. intentional self-inflicted injury; suicide or attempted suicide; or whilst Named Insured is directly involved in an unlawful act;
4. wilful or deliberate exposure to danger (except in an attempt to save human life);
5. flying except whilst travelling as a fare-paying passenger;
6. an Accident proven to have occurred as a result of Named Insured being under the influence of alcohol or of any drug not prescribed by a Physician or not taken following the manufacturer's instructions;
7. service, training or duty with any military, police, militia or paramilitary organisation;
8. active participation in winter sports or any hazardous sport or dangerous activity including but not limited to parachuting, mountaineering, rock climbing, hang-gliding, paragliding, scuba diving, potholing, and bungee jumping;
9. AIDS or HIV or where AIDS or HIV have been contracted by any Named Insured prior to the Policy Effective Date;
10. Pre-existing Condition;
11. driving or riding as a passenger in or on:
 - a) any vehicle engaged in any race, speed test or endurance test; or
 - b) any vehicle being used for acrobatic or stunt driving;
12. any loss sustained while the Named Insured is participating in any Professional Sport;
13. pregnancy and childbirth;
14. engaging in occupational activities underground or requiring the use of explosives;
15. treatments for nervous or mental problems, psychiatric or psychotic conditions, or depression;
16. surgical procedure or treatment of a purely cosmetic nature, obesity or undertaken to facilitate conception or to improve potency;
17. services, supplies, or treatment, including any period of Hospital confinement, which were not recommended, approved, and certified as Medically Necessary by a Physician.



4. OTHER PROVISIONS

1. ENTIRE CONTRACT, CHANGES: This Policy constitutes the entire contract of insurance. No change in this Policy shall be valid until approved by the Insured and the Company, and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this Policy or to waive any of its provisions.

2. EFFECTIVE DATE: This Policy takes effect on the Policy Effective Date as stated in the Certificate of Insurance. After taking effect, this Policy continues in effect until the expiry of the Period of Coverage as stated in the Certificate of Insurance. All periods of insurance shall begin and end at one-minute past midnight (00:01) at the address of the Named Insured(s).

3. FREE-LOOK PERIOD: The Insured is entitled to a full refund of premium, if Policy is cancelled upon written request of the Insured within fifteen (15) days from the date of the first Policy Effective Date as stated in the Certificate of Insurance. The Company reserves the right to decline a second application from the same Insured, following the cancellation of the first application.

4. GRACE PERIOD: A grace period of thirty-two (32) days will be granted for the payment of each failing due after the first premium, during which time the Policy shall be continued in force unless the Policy has been cancelled in accordance with "27. CANCELLATION". Insured shall be liable to the Company for the payment of the premium for the period the policy continues in force. If loss occurs within the Grace Period, any premium then due and unpaid will be deducted from settlement.

5. NOTICE OF CLAIM: Written notice of claim must be given to the Company within thirty (30) days after the occurrence or commencement of any loss covered by this Policy or as soon thereafter as is reasonably possible. Written notice of claim, given by or on behalf of the Named Insured to the Company, or to any authorized official of the Company with information sufficient to identify the Named Insured, shall be deemed as notice to the Company. The Named Insured must, at his own cost, provide whatever certificates, information and documented evidence required by the Company regarding the Insured Event.

6. CLAIM FORMS: The Company, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually required by the Company for filing proof of loss.

7. TIME FOR FILING CLAIM FORMS: Completed claim forms and written proof of loss must be furnished to the Company within ninety (90) days after the date of such loss. Failure to furnish such proof within ninety (90) days shall not invalidate nor reduce any claim if it was not possible to give proof within such time. However, in no event will any claim be honoured if proof of loss is not received within eighteen (18) months from the date of loss.

8. TIME OF CLAIM PAYMENT: Benefits payable under this Policy for any loss, other than loss for which this Policy provides any periodic payments, will be paid reasonably soon after receipt of due written proof of such loss. All accrued benefits for loss for which this Policy provides periodic payment will be paid as defined in the Policy. Any unpaid balance remaining upon cancellation of liability will be paid immediately upon receipt of due written proof.

9. TO WHOM BENEFITS ARE PAID: Indemnity, if any, for Accidental Death of the Named Insured is payable to the Beneficiary as defined in the Certificate of Insurance. If no such designation is then effective, such indemnity shall be payable to the Named Insured's legal heirs. Any other accrued indemnities will be paid to the Named Insured. Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of the payment.

10. EXAMINATION AND AUDIT: The Company shall be permitted to examine the Insured's records relating to this Policy at any time while this Policy is in effect and within three (3) years after expiration of this Policy or until final adjustment and settlement of all claims hereunder, whichever is later.

11. LEGAL ACTIONS: No action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the expiration of three (3) years after the time written proof of loss is required to be furnished. If the Company denies liability for any claim and the Named Insured does not institute legal action and serve summons on the Company (or initiate arbitration proceedings, if the Company has agreed to submit to arbitration) within thirty (36) months after such repudiation, all benefits of such claim shall be forfeited.

12. GOVERNING LAW / JURISDICTION: This Policy is governed by the laws of the United Arab Emirates. Any dispute arising between the Named Insured and the Company is subject to the exclusive jurisdiction of the competent courts of the United Arab Emirates.

13. CHANGE IN CREDIT CARD NUMBER / BANK ACCOUNT NUMBER: If, during the Period of Coverage, the credit card number or bank account number first authorized by the Insured for payment of the premium is changed for whatever reason, the Company shall continue to collect the premium from the changed credit card / account number unless advised otherwise in writing by the Insured.

14. CURRENCY: If expenses are incurred in a foreign currency other than the one used in the Certificate of Insurance, the rate of exchange used will be the rate at the time of incurring the expense or suffering a loss.

15. LANGUAGE: The official version of this Policy is in Arabic. In case of discrepancy between English and Arabic version, the Arabic version shall prevail.



16. MARKETING: Should any discrepancies arise between this Policy and any literature received by the Named Insured; this Policy will govern in all cases.

17. PREMIUM: All premiums and applicable taxes are payable in advance by the Insured on or before the date they become due and subject to the terms under "**4. GRACE PERIOD**".

18. CHANGE IN PREMIUM RATES: Company may change the premium rates for the Policy, by advance written notice delivered to You or mailed to Your last address as shown on our records, no later than thirty (30) days prior to such anniversary.

19. RENEWAL CONDITIONS: This Policy may be renewed, with the consent of the Company from term to term, by advance payment of the premium at the Company's in force rate at renewal time, subject to "**27. CANCELLATION**".

20. CHANGE IN CIRCUMSTANCES: The Named Insured must notify the Company within thirty (30) days of any change in circumstance which will affect this insurance. The Company reserves the right to amend any of the terms or conditions of this insurance following at least thirty (30) days' notice to the Named Insured by the Company.

No change or modification to this Policy shall be effective except when made by written endorsement signed by the Company's authorized representative.

21. REINSTATEMENT OF POLICY: When a Policy is cancelled, Policy cannot be reinstated.

22. THIRD PARTY: This Policy is between the Company and the Insured only and all of its provisions and conditions are for the sole and exclusive benefit of those parties. Nothing in this Policy, expressed or implied, is intended to confer upon any other person any rights or remedies of any nature whatsoever under this Policy or any of its provisions. Without limitation, no third party shall have any rights under this Policy or any right to receive Policy benefits. Receipt of benefits paid will be a valid discharge of the Company's liability under this Policy. This Policy cannot be ceded, assigned or in any way transferred to a third party.

23. SUBROGATION: The Company has the right to commence or take over legal proceedings in the Named Insured's name for the defense or settlement of any claim, or to sue or prosecute any other party to recover monies payable by them at law. The Named Insured must co-operate with the Company and do nothing to hinder the Company's rights.

24. FRAUDULENT CLAIMS: If the Named Insured or anyone acting on his behalf uses any fraudulent means or devices to obtain any benefit, then any amount payable in respect of such claim shall be forfeited, this Policy will be cancelled, and no premium will be refunded.

25. CLAIMS, COMPLAINTS, AND DISPUTES:

If you have a claim or complaint about your Policy, please contact:

Customer Service Group
American Home Assurance Company (Dubai Br.)
The H Hotel – Complex, Trade Centre First, 27th Floor,
P.O. Box 40569, Dubai, UAE
Tel: +971 4 509 6111, Fax: +971 4 352 2186
Claims Portal: <https://www.aig.ae/aig-claims>
Complaints/Disputes: servicecenter-me@aig.com

26. DATA DISCLOSURE: By executing this application or by entering into this contract of insurance, the Named Insured consents to the Company processing data relating to the Named Insured for providing insurance products and services, legal, administrative and management purposes and in particular to the processing of any sensitive personal data relating to the Named Insured.

The Named Insured consents to the Company making such information available to third parties including but not limited to any Group Company, those who provide products or services to the Insurer or any Group Company, and regulatory authorities, within and outside the Named Insured's country of domicile.

To review our privacy policy, go to:

<http://www.aig.ae>



27. CANCELLATION: The Company may cancel this Policy at any time by written notice delivered to the Named Insured or mailed to the last known address of the Insured as shown by the records of the Company stating not less than fifteen (15) days thereafter such cancellation shall be effective. Such cancellation shall be without prejudice to any valid claim arising prior to the date of cancellation.

In the event this Policy, for which annual premium has been paid in advance, is cancelled by the Insured or the Company, the unearned premium shall be refunded on a pro-rata basis for the balance of days remaining under the Period of Coverage.

In the event this Policy, for which monthly premium is paid on a monthly basis, is cancelled by the Insured or the Company, no premium shall be refunded.

This clause must be read in conjunction with "**3. FREE-LOOK PERIOD**" and "**4. GRACE PERIOD**".

28. TERMINATION: Insurance of the Named Insured shall terminate immediately on the earliest of:

- The date Period of Coverage gets over;
- The date Named Insured is no longer eligible within the classification of Named Insured;
- The premium due date if the required premium is not paid by the Insured within the Grace Period;
- The date Named Insured attains the age of 65.

Any such termination shall be without prejudice to any valid claim originating prior to the date of termination.

29. SANCTIONS: The Insurer shall not be deemed to provide cover and the Insurer shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Insurer, its parent company or its ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America.

30. OTHER INSURANCE WITH THE COMPANY: If a like policy or policies previously issued by the Company to the Named Insured be in force concurrently herewith, making the aggregate indemnity for the Principal Sum in excess of the Global Maximum of AED 1,000,000 (UAE Dirhams One Million), the excess insurance shall be void and all premiums paid for such excess shall be returned to the Name Insured or his estate.